

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	200002-11-00	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	896	10-20-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓ ✓ ✓	8/20/00
2 ✓ ✓ ✓	8/20/00
3 ✓ ✓ ✓	8/20/00
4 ✓ ✓ ✓	8/20/00
5 ✓ ✓ ✓	8/20/00
6 ✓ ✓ ✓	8/20/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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